

FILED JAN 12 1951 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **41655**

BIRTH NO. _____		REG. DIST. NO. 254		PRIMARY REG. DIST. NO. 4386		Registrar's No. 419	
1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon			
b. CITY (If outside corporate limits, write RURAL and give township) Thayer		c. LENGTH OF STAY (in this place) 41 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Thayer		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First) B.		c. (Last) MAINPRIZE		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 25, 1875		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Elk Falls, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Mainprize		13b. MOTHER'S MAIDEN NAME Mary Jane Elkins		14. NAME OF HUSBAND OR WIFE Leone Mainprize			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Howard Mainprize			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Antecedent causes ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelitis DUE TO (c) Emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH 4500	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 1, 1950 , to Dec 25, 1950 , that I last saw the deceased alive on Dec 24, 1950 , and that death occurred at 1:35 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. O. O'Quinn		(Degree or title) M.D.		23b. ADDRESS Thayer, Mo.		23c. DATE SIGNED Jan 4 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 27, 1950		24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery		24d. LOCATION (City, town, or county) (State) Thayer, Mo.	
DATE REC'D BY LOCAL REG. Jan 6 - 51		REGISTRAR'S SIGNATURE Ella Cross		25. FUNERAL DIRECTOR'S SIGNATURE Elland Carter		ADDRESS Thayer, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.

JAN 12 1951

U-60-443

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No. *4516*

P. O. Address *Chicago, Ill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.